

X28390

FILED MAR 2 1943 818

Registration District No. _____

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer S. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME John Blakey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 3rd 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Russellville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business _____

MOTHER FATHER { 12. Name John Blakey
13. Birthplace Russellville Ky
(City, town, or county) (State or foreign country)
14. Maiden name Deborah Hawkins
15. Birthplace Russellville Ky
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address 3947 Cook ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Randle & Son

(b) Address 3133 Bgee ave

19. (a) FEB 23 1943 (Date received for local registration) J. T. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 2100e
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3453 Laclede ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1943 hour 7:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchopneumonia

Due to _____

Due to 10/1

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Nes.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 2-23-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W. McCarlsrud Jr.

Registered Apprentice No. *347*

working under my personal supervision.

Signed.....

Harry E. Jolley

Licensed Embalmer No. *4078*

P. O. Address.....

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.